

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy ability.
4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
5. **Any false reporting may be referred to the Police for investigation.**
6. This report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will, for a fee, be made available upon application by interested parties.
7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.

ACCIDENT STATEMENT

Date Of Report	20/02/2018 18:31
Date Of Accident	17/02/2018 16:00
Exact Location Of Accident	SERANGOON ROAD TOWARDS PIE & MACPHERSON
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJS2437S
Insured/Policyholder	
Name Of Registered Owner	SHACHIDRAN S/O RAMA CHANDERAN
NRIC No	S7526691Z
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-93222439
Alternative Phone No	OFFICE-93222439

Vehicle Particulars

Manufacturer	VOLKSWAGEN
Model	NEW GOLF 5K13G5-1.4 (A)
Exact Purpose for which vehicle was being used at time of accident	PRIVATE USE
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	THIRD PARTY
Vehicle Category	PRIVATE CAR

Insurance Company

Name of Insurance Company	AXA INSURANCE PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	GA270740/1
Cover Note Number	25/09/2017 - 24/09/2018

Driver

Name of Driver	SHACHIDRAN S/O RAMA CHANDERAN
NRIC No	S7526691Z
Date Of Birth	18/07/1975
Occupation	INDOOR
Date Of Driving Pass	16/09/1999
Driving Experience	18 YEARS AND 5 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-93222439
Fax Number	
Contact Number	OFFICE-93222439
EEmail Address	NOEMAIL

Address	BLK 513B YISHUN STREET 51 #10-369
Postcode	762513
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OWNER
Vehicle Registration Number of Driver's Own Vehicle	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	SIDE SWIPE
Weather Conditions	CLEAR
Road Surface	DRY

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles involved in the accident	
Was any body injured in the Accident?	NO
Was any injured conveyed to hospital by ambulance?	NO
Was any other material or property damaged?	YES
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	NO
Number of Passengers (Including Driver)	2
Passenger 1	NAME: : RAM GENDER: : MALE

Details of Police Action

Was the accident reported to the police?	NO
If Yes, Please state which Police Station	
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

TP VEHICLE CUT INTO MY LANE AND HIT ONTO MY LEFT PORTION. STATEMENT RECORDED BY PEI WEN - PROGRESSIVE AUTOMOTIVE PTE LTD (6741 5336)

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	CORUPTED
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SKK7060S
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	QUEK KHONG WAH
NRIC/Passport Number	S1128643G
Contact Number	
Address	
Postcode	
Insurance Company Name	

Nature Of Damage

No. Of Passenger (Including Driver)

Sketch Plan

SKETCH PLAN

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7. By the lodgment of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.
8. Consent under the Personal Data Protection Act (PDPA)

I understand, acknowledge, agree and consent that:

- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "Personal Information") and disclose and transfer such Personal Information to all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident shall be collectively referred to as the "Insurers"), the Insurers' lawyers/law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of:
 - (i) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;
 - (ii) Investigating the accident and/or my claims;
 - (iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;
 - (iv) administering my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of envelopes/mail packages); and/or
 - (v) complying with applicable law in administering, processing, handling and/or dealing with my claims.(collectively the "Purposes")
- (b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and
- (c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents(including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
 - (i) to all Insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
 - (ii) for complying with requirements under any regulations, laws or court orders.

Policyholder's Signature
Date & Time:

Driver's Signature
(If driver is not the policyholder)
Date & Time:

Reporting Centre Personnel's Signature
Name: SP
NRIC/FIN No.:

Accident Sketch Plan



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was travelling along Sevanjoon Road towards Ple & Macpherson Road Junction when the traffic light turn green, I proceed to move off. As I was entering the lane to Ple, vehicle (B) suddenly cut in from my left and collided onto my vehicle front left portion. After the collision, vehicle (B) reversed back to his own lane and drove off to Macpherson Road. I quickly follow suit to chase after him. I caught up and we stop by a coffee shop to exchange particulars. Initially vehicle (B) is willing to pay however he eventually ask me to file for claim.

DECLARATION

I/We declare the foregoing particulars are true in every respect.

Policyholder's Signature
Date & Time

Driver's Signature :
(If driver is not the policyholder)
Date & Time

Reporting Centre Personnel's Signature
Name:
NRUC/PIN No.:

Common Statement

Common Statement (Part I)

Reporting Centre: Progressive Automotive Pte Ltd

In admission of blame / liability, but a summary of identities which will speed up the settlement of claims

1 Date of accident 7 Feb 18	2 Time 1600	3 Exact location of accident Serangoon Road between Pte & Macpherson	To be signed by BOTH drivers 2 Injuries even if slight No <input checked="" type="checkbox"/> Yes <input type="checkbox"/>
4 Material damage To vehicles other than vehicles A and B No <input checked="" type="checkbox"/> Yes <input type="checkbox"/>	To objects other than vehicles No <input checked="" type="checkbox"/> Yes <input type="checkbox"/>	5 Witness' name, address and tel no. (to be underlined if he/she is passenger in vehicle A or vehicle B) Completed	Vehicle Video Camera Available No <input checked="" type="checkbox"/> Yes <input type="checkbox"/>

Registration No. (VEHICLE A) **878 24375**

6 Insured / policyholder (see insurance cert.)
Name **Shachidran s/o Pema**
(capital letters)
Chenderan

Address **815 533 Yishun Street**
S1 #10-36P 87762513

NRIC / Passport no. **S75266912**

Tel no. (from 9am till 5pm)
HP **9322 2439**

7 Vehicle
Make, type **Volkswagen Golf 1.4**

8 Insurance company **TC** ☐ TPFT ☐ TPO

Does the policy cover damage to vehicle A?
No ☐ Yes ☒

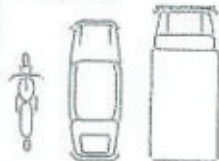
Policy No. **GA27074011**

9 Driver
☒ Same as Insured

Name (capital letters)
NRIC / Passport no. **3**

Class of licence
HP
Gender: Male ☒ Female ☐

10 Indicate the point of initial impact with an arrow (->)



11 Visible damage to vehicle A

12 My remarks

12 CIRCUMSTANCES
Put a cross (X) in each of the relevant boxes applicable to your vehicle

- ☐ Chain Collision
- ☐ Collided into Object
- ☐ Collided into Motorcycle
- ☐ Collided into Parked Vehicle
- ☐ Collided into Pedestrian
- ☐ Collided into Property
- ☐ Collision - Change/Over Lane
- ☐ Collision - Cross Junction
- ☐ Collision - Head on Collision
- ☐ Collision - Head to Rear
- ☐ Collision - Major/Minor Rd
- ☐ Collision - Opening Door of Vehicle
- ☐ Collision - Roundabout
- ☐ Collision - T-Junction
- ☐ Driver Drunk / Drug Influence
- ☐ Fire, Explosion or Lightning
- ☐ Flood
- ☐ Hit and Run / Vandalism / Damaged whilst Parked
- ☐ Hit by Fallen Tree / Other Objects
- ☐ No Collision
- ☐ Self Collision
- ☐ Theft

13 State TOTAL number of boxes marked with a cross

14 Sketch of accident when impact occurred

15 Indicate color: 1. layout of the road - 2. the direction of vehicles A and B with arrows - 3. their positions at the time of impact - 4. the road signs - 5. names of the streets or roads

REFER TO ATTACHED

Registration No. (VEHICLE B) **8kk70605**

6 Insured / policyholder (see insurance cert.)
Name **Quet Khay Jah**
(capital letters)

Address

NRIC / Passport no. **S11286436**

Tel no. (from 9am till 5pm)
HP

7 Vehicle
Make, type

8 Insurance company **TC** ☐ TPFT ☐ TPO

Does the policy cover damage to vehicle B?
No ☐ Yes ☐

Policy No. (if available)

9 Driver (See driving licence)
(if different from Insured B above)

Name (capital letters)
NRIC / Passport no.
Class of licence
HP
Gender: Male ☐ Female ☐

10 Indicate the point of initial impact with an arrow (->)



11 Visible damage to vehicle B

12 My remarks

13 Signatures of drivers

[Signature]

[Signature]

In the event of injury or in the event of damage to property other than to vehicles A and B, give information overleaf

Do not alter anything in the statement after signing. Subsequently, each driver should take one copy.

For insured's individual statement (Part II) see overleaf ->

Individual Statement

Reporting Centre: Progressive Automotive Pte Ltd

Ramwaf
6844 2474

INDIVIDUAL STATEMENT (Part II)						
To be completed and submitted within 24 hours to your insurer or Idac or appointed workshop (Use a separate sheet of paper where necessary)						
Insured	1 Occupation (if more than one, state all)		Email:			
	2 Vehicle registration no.	C.C.	If commercial vehicle, state permissible carrying capacity			
	3 Is driver the owner?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	If no, State Relationship of Driver with owner	state the vehicle number and name of insurer of driver's own vehicle (where applicable)		
	4 Exact purpose for which vehicle was being used at time of accident	<input checked="" type="checkbox"/> Private use <input type="checkbox"/> Commercial use <input type="checkbox"/> Hire & reward <input type="checkbox"/> Private Hire <input type="checkbox"/> Others - please specify				
	5 Is the vehicle still in use?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	If no, state where it is at present	Tel no.		
Of which vehicle are you the owner?	<input checked="" type="checkbox"/> A <input type="checkbox"/> B 6 Are you claiming under your own insurance policy for repair to your vehicle? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If no, state action to be taken <input type="checkbox"/> Third Party <input type="checkbox"/> Reporting Only <input checked="" type="checkbox"/> Third Party (Own Workshop)					
	7 Date of birth	Occupation	Date of license pass	Was vehicle driven with the insured's permission?	Was driver an employee of the insured's company?	
	18 July 1988	Indoor	16 Sept 1999	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
	8 Give details of any pre-existing impairment of sight or hearing and of any other disability					
	9 Full details of all driving convictions including pending prosecutions in the last 36 months					
Driver or person in charge of vehicle at the time of accident (including insured)	10 Name(s), address(es) and approximate age(s)		Injuries sustained	If vehicle occupants, state in which vehicle	Were seat belts being worn?	
					Yes <input type="checkbox"/> No <input type="checkbox"/>	
					Yes <input type="checkbox"/> No <input type="checkbox"/>	
					Yes <input type="checkbox"/> No <input type="checkbox"/>	
					Yes <input type="checkbox"/> No <input type="checkbox"/>	
Injured persons	11 Name(s) and address(es) of owner(s)		Vehicle registration no. or details of property	Nature of damage	Insurer's name and address (if known)	
Damage to property & vehicles (other than vehicles A and B)	12 Was the accident reported to the Police? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>					
	If yes, please state which Police station					
Police action	13 Was notice of intended prosecution given? Yes <input type="checkbox"/> No <input type="checkbox"/>					
	If yes, against whom?					
Accident details	14 Weather conditions		15 Road surface		16 Speed of vehicles	
	Clear <input checked="" type="checkbox"/> Raining <input type="checkbox"/> Others <input type="checkbox"/>		Wet <input type="checkbox"/> Dry <input checked="" type="checkbox"/> Others <input type="checkbox"/>		A <input type="checkbox"/> km/hr B <input type="checkbox"/> km/hr	
	17 What warnings were given by driver or other party?					
	18 Were street lights illuminated? Yes <input type="checkbox"/> No <input type="checkbox"/>					
	19 What lights were displayed on your vehicle/the other vehicle(s)?					
	20 If your vehicle is commercial, state weight of load carried at time of accident					
	21 State how accident happened, width of roads, speed limits, etc (Refer to attached)					
	22 State number of Passengers (including Driver) <input type="checkbox"/> 27					
Declaration	I/We declare the foregoing particulars are true in every respect					
	Policyholder's signature _____ Date _____ Driver's signature (if driver is not the policyholder) _____ Date _____					



redefining / insurance

AXA Insurance Pte Ltd
 ☎ 1800 880 4888 (Within Singapore)
 (65) 6880 4888 (International)
 📠 (65) 6880 4740
 ✉ customer.care@axa.com.sg
 🌐 www.axa.com.sg

account number
 00914

Certificate of Insurance

-Motor Vehicles (Third-Party Risks and Compensation) Act, (Chapter 189) - Motor Vehicles (Third-Party Risks and Compensation) Rules, 1980 - Road Transport Act, 1987 (Malaysia)
 -Motor Vehicles (Third-Party Risks) Rules, 1959 (Malaysia)

Policy details

Policyholder name	SHACHIDRAN S/O RAMA CHANDERAN	Certificate number	GA270740 / 1
Cover	Comprehensive	Chassis number	WVWZZZ1KZ9W570060
Plan name	Essential	Engine number	CAX259392
NCD applicable	0%		
Vehicle registration number	SJS2437S		
Period of Insurance	from 25/09/2017 to 24/09/2018 (both dates inclusive)		
Finance loan company	GENIE FINANCIAL SERVICES PTE LTD		

Persons or classes of persons entitled to drive*

- (a) The Policyholder
 (b) Any person who is driving on the Policyholder's order or with their permission

Provided that the person driving is permitted in accordance with the licensing or other laws or regulations to drive the Motor Vehicle or has been so permitted and is not disqualified by order of a Court of Law or by reason of any enactment or regulation in that behalf from driving the Motor Vehicle.

Limitation as to use*

Use only for social, domestic and pleasure purposes and for the Policyholder's business.

The policy does not cover - use for hire or reward, racing, pace-making, reliability trial, speed testing, the carriage of goods other than samples in connection with any trade or business or use for any purpose in connection with motor trade; or when the Motor Car, whether stationary, in use or otherwise, is in or on, a racing track, circuit, route, course or any other roads by whatever name called that are typically used for racing, pace-making or such similar purposes.

* Limitations rendered inoperative by Section 8 of the Motor Vehicles (Third-Party Risks and Compensation) Act, (Chapter 189) and Section 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings.

EXCESS	Basic Own Damage Excess	SGD 700.00
	Windscreen Excess	SGD 100.00

An Additional Excess is applicable as follows:

1. S\$500 for unnamed *Authorised Driver*
2. S\$500 for declared *Young and Inexperienced Driver*
3. S\$5,000 for undeclared *Young and Inexperienced Drivers*. This additional excess is reduced to S\$2,500 if You have chosen AXA Premium Workshops.

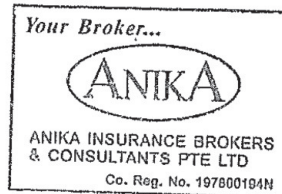
Additional clauses & endorsements to your policy

Nil

I/We hereby certify that the policy to which this Certificate relates is issued in accordance with the provision of the Motor Vehicles (Third Party Risks and Compensation) Act, (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia).

AXA Insurance Pte Ltd

Authorised signature



Important note

Policyholders are warned that on the sale of a motor vehicle they must surrender the Certificate of Insurance and the Policy to the insurance company. If the Certificate of Insurance has been lost or destroyed a Statutory Declaration to the effect must be made. Failure to comply with this obligation is an offence under the Motor Vehicle (Third-Party Risks and Compensation) Act (Cap. 189). The Premium Warranty Clause requires the premium to be paid in full within a specific period failing which there would be no liability under the policy, renewal certificate, endorsement etc.

AXA Insurance Pte Ltd (199903512M)
 8 Shenton Way, #24-01, AXA Tower,
 Singapore 068811
 Customer Centre, #B1-01

1 of 3

DRIVER IC/DL

REPUBLIC OF SINGAPORE DRIVING LICENCE

License Number: **S7526691Z**

Name: **SHACHIDRAN S/O RAMA CHANDERAN**

Birth Date: **18 Jul 1975**

Issue Date: **22 Sep 2010**

001894915G

REPUBLIC OF SINGAPORE

IDENTITY CARD NO. **S7526691Z**

Name: **SHACHIDRAN S/O RAMA CHANDERAN**

Race: **INDIAN**

Date of birth: **18-07-1975**

Sex: **M**

Country of birth: **SINGAPORE**

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSES

Class	Description	EFFECTIVE DATE
Class 2B	Motorcycles < 200 cc	04 Oct 1995
Class 2A	Motorcycles between 201 cc and 400 cc	21 Dec 2004
Class 2	Motorcycles > 400 cc	25 Mar 2008
Class 3	Motor Cars < 3000kg with <= 7 passengers, exclusive of the driver and other motor vehicles <= 2500kg	16 Sep 1999
Class 4	*Motor vehicles which are constructed to carry load or passengers and the unladen weight > 2500kg *Motor vehicles which are not constructed to carry load and the unladen weight < 7250kg	15 Jun 2008

License No: **S7526691Z**

NP 42BA

3797516

NPIC No: **S7526691Z**

29-10-2005

APT BLK 513B YISHUN STREET 51 #10-308
SINGAPORE 762513

NRIC No: **S7526691Z** Date: **19/09/2017**

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

